DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

Dear Ambulance Supplier:

The Medicare Fee-for-Service Program is expanding the Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) Prior Authorization Model to your state on **June 1, 2022**. Prior authorization helps to make sure that applicable coverage, payment, and coding rules are met before services are rendered. The goal of the model is to reduce unnecessary RSNAT expenditures while maintaining overall quality of care.

The RSNAT Prior Authorization Model applies to the following Healthcare Common Procedure Coding System (HCPCS) codes:

- A0426 - Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1, and
- A0428 - Ambulance service, Basic Life Support (BLS), non-emergency transport.

A repetitive ambulance service is defined as medically necessary ambulance transportation that is furnished in three or more round trips during a ten-day period; or at least one round trip per week for at least three weeks.

Is the ambulance benefit changing?
No, the Medicare ambulance benefit is not changing. The Medicare ambulance benefit for non-emergent transports is limited and designed only for beneficiaries who are clinically unable to be transported by other means. The beneficiary's condition must require both the ambulance transportation itself and the level of service provided. In addition, the transport must be to obtain a Medicare covered service at a covered destination or to return from such a service.

Are documentation requirements changing?
No, the model does not create new documentation requirements. It requires the same information that is already required to support Medicare payment. This includes, but is not limited to, the signed and valid[1] Physician Certification Statement (PCS) and current documentation from the medical record to support the medical necessity of the RSNAT services.

Where can I find information on existing Medicare coverage and documentation requirements?
For more information on Medicare's requirements for ambulance transports, please see:

- Applicable Local Coverage Determinations and Articles found at https://www.cms.gov/medicare-coverage-database,
- Chapter 10 of the Medicare Benefit Policy Manual,
- Chapter 15 of the Medicare Claims Processing Manual, and
- Title 42 of the Code of Federal Regulations (CFR) 410.40 and 410.41.

How does the prior authorization process work?

[1] Per 42 CFR §410.40(e)(2), the physician's order must be dated no earlier than 60 days before the date the service is furnished. The written order is often referred to as the Physician Certification Statement (PCS).

Prior authorization is voluntary; however, if you elect to not submit a prior authorization request before the fourth round trip, the related claims will be subject to prepayment medical record review.

You may submit the prior authorization request along with all relevant documentation to your Medicare Administrative Contractor (MAC) by either mail, fax, electronic submission of medical documentation (esMD), or MAC provider portal. You can request up to 40 round trips in a 60-day period per prior authorization request. After receipt of all relevant documentation, the MAC will make every effort to review and postmark the notification of their decision (affirmed or non-affirmed) to you and the beneficiary within 10 business days.

The prior authorized transport claim must have the unique tracking number that is located on the decision letter from the MAC. If the request is non-affirmed, you may resubmit the request with additional documentation showing that Medicare requirements have been met. A claim submitted for payment with a non-affirmed prior authorization decision will deny. All appeal rights are then available.

Where can I find additional information on the Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model and process?
Additional information about the model is available at http://go.cms.gov/PAAmbulance and https://www.ngsmedicare.com/web/ngs/prior-authorization?selectedArticleId=4062296&lob=96664&state=97178&region=93623. You can also submit questions via e-mail to AmbulancePA@cms.hhs.gov or contact your MAC at 866-837-0241.